OF

PAGE

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	Fileduic E	FOR SE OF FORM 24/48				
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
N	lational Nurses United for Patient Protection	C C00490375				
Ch	peck if 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay				
	Full Name of Payee	Date of Public Distribution/Dissemination				
	Bus Bank	03 16 2016				
	Mailing Address 820 West Jackson	Amount				
	Suite 815	05000.00				
	City State Zip Code Chicago IL 60607	65600.00 Transaction ID: D710703 Date of Disbursement or Obligation				
	Purpose of Expenditure Bus tour expense Category/ Type	03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Name of Federal Candidate Support Office	e Sought: House District:00				
	Demis Conden	President Senate State: DC				
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016					
	Full Name of Payee	Other (specify)				
	California Nurses Association	Date of Public Distribution/Dissemination 03 14 2016				
	Mailing Address 155 Grand Avenue	Amount				
	City State Zip Code	100.00				
	Oakland CA 94612	Transaction ID : D710711 Date of Disbursement or Obligation				
	Purpose of Expenditure Online Ad Category/ Type	03 / 15 / 2016				
	Name of Federal Candidate Support Office	e Sought: House District: 00				
	Bernie Sanders Oppose	President Senate State: DC				
	Calendar Year-To-Date Per Election for Office Sought Disbusciant 78123.95	ursement For:				
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
		03 16 2016				
	Signature					
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXTEND	TIONEO		PAGE 2 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
National Nurses United for Patier	C C00490375					
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report file						
Full Name of Payee California Nurses Association			M	Date of Public Distribution/Dissemination 03 14 2016		
Mailing Address 155 Grand Avenue			Amount	سنندا لدا ك		
City Oakland	State CA	Zip Code 94612	Transa	50.00 ction ID : D710713		
Purpose of Expenditure Online Ad		Category/ Type	Date of	Disbursement or Obligation 15 2016		
Name of Federal Candidate		Support	Office Sought:			
Bernie Sanders		Oppose	X Presider	Senate State:DC		
Calendar Year-To-Date Per Election for Office Sought	, , ,	78123.95	2016	ursement For:		
Full Name of Payee California Nurses Association			M	F Public Distribution/Dissemination		
Mailing Address 155 Grand Avenue			Amoun			
City Oakland	State CA	Zip Code 94612	Transac	100.00 tion ID : D710714		
Purpose of Expenditure Online Ad		Category/	M	Disbursement or Obligation 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought:			
Bernie Sanders		Oppose	X Presider			
Calendar Year-To-Date Per Election for Office Sought		78123.95	Disbursement 2016 Oth	For:		
(a) SUBTOTAL of Itemized Independent Expe	enditures		•	150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures			· •	7 7 7		
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Martha Kuhl Signature	[Electron	nically Filed] Date	e 03	16 / 2016		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection						
National Nurses United for Patient Protection	C C00490375					
Check if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee		Date of Public Distribution/Dissemination				
Bus Bank		03 16 2016				
Mailing Address 820 West Jackson		Amount				
Suite 815		ATTOUR				
City State Zip C		12273.95				
Chicago IL 6060	07	Transaction ID : D710723 Date of Disbursement or Obligation				
Purpose of Expenditure Bus tour expense Cate	egory/ Type	03 / 16 / 2016				
Name of Federal Candidate	Support Office	Sought: House District: 00				
Bernie Sanders	Oppose	President Senate State: DC				
Calendar Year-To-Date Per Election for Office Sought 78	Disbu 123.95 2016	Primary General				
		Other (specify) Data of Public Distribution/Discomination				
Full Name of Payee		Date of Public Distribution/Dissemination				
Mailing Address		Amount				
City State Zip C	Dode					
		Date of Disbursement or Obligation				
Purpose of Expenditure Cate	egory/ Type	M = M / D = D / Y = Y = Y				
Name of Federal Candidate	Support Office	e Sought: House District:				
		President Senate State:				
Calendar Year-To-Date		ursement For: Primary General				
Per Election for Office Sought		Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Martha Kuhl [Electronically I	Filed] Date 0:					
Signature		لىننىا لىيا ك				

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